

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.



PLAINTIFF <b>Tony Flowers</b>	COURT CASE NUMBER <b>07-C-6416</b>
DEFENDANT <b>James Comroe</b>	TYPE OF PROCESS <b>Summons and Complaints</b>
<b>SERVE</b> NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Chicago Police Department - Detective P. Maguire - Police Detective</b> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>AT 9510 South Michigan Avenue Chicago, IL 60653</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Tony Flowers - #2006-0083015  
Cook County Jail  
P.O. Box 089002  
Chicago, IL 60608

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

**FILED**

Fold

**APR 22 2008 PH**MICHAEL W. DOBBINS **APR 22 2008**  
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>1-62</b>	District of Origin No. <b>24</b>	District to Serve No. <b>24</b>	Signature of Authorized USMS Deputy or Clerk 	Date <b>1/9/2008</b>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <b>MRS MARTIN (legal aid)</b>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <b>4/16/08</b>
	Time <b>130</b> <b>pm</b>
	Signature of U.S. Marshal or Deputy 

Service Fee <b>48.00</b>	Total Mileage Charges (including endeavors) <b>.48</b>	Forwarding Fee <b>—</b>	Total Charges <b>48.48</b>	Advance Deposits <b>—</b>	Amount owed to U.S. Marshal or <b>48.48</b>	Amount of Refund <b>—</b>
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REMARKS:

1 DUSM  
1 hour  
1 mile

PRIOR EDITIONS  
MAY BE USED**1. CLERK OF THE COURT**

FORM USM-285 (Rev. 12/15/88)